

SCHIZOPHRENIA

Schizophrenia is a major mental illness which affects approximately 1 out of 100 in the world's population. It is expected that, among the present population, nearly 3 million Americans will develop schizophrenia during the course of their lives. Schizophrenia is the most chronic and disabling of the major mental illnesses. The first symptoms of schizophrenia are usually seen in late adolescence or early adulthood, although they occasionally develop after the age of 30. A variety of different symptoms may occur when the illness first develops, including social isolation, unusual thinking or speech, having beliefs that seem strange and peculiar to others, or hearing voices when others are not present.

What Is Schizophrenia?

People with schizophrenia usually have difficulty distinguishing between reality and fantasy when they are experiencing symptoms of the illness. This inability to distinguish between reality and fantasy is known as psychosis, and the core symptoms of schizophrenia are often displayed by psychotic behavior. For most people, schizophrenia is an episodic illness with the symptoms appearing and disappearing with varying degrees of intensity. The severity of schizophrenia varies from person to person, with some patients having only one or few episodes of the illness and others experiencing continuous symptoms. Most people with schizophrenia experience considerable difficulties in their interpersonal relationships, in caring for personal needs, in working, and in living independently. Although there are basic features or symptoms common to people who suffer with schizophrenia, certain terms are used to describe different degrees of severity. A term like Subchronic refers to the time during which a person first begins to show signs of the disturbance more or less continuously; it is usually from 6 months to less than 2 years in duration. Chronic schizophrenia refers to those who have experienced the symptoms for at least 2 years. Acute schizophrenia refers to the reemergence or intensification of psychotic symptoms in a person who previously had no symptoms or who had achieved a stable level with the symptoms.

In addition, there are three basic phases to the illness. These are often difficult to distinguish clearly, as there is a great deal of overlap among the symptoms that define the phases. The first phase is called the prodromal or pre-illness phase; it involves a clear deterioration of functioning: social withdrawal, inappropriate affect, or increased impairment in personal grooming and hygiene.

The second phase is called the active phase. There have been continuous signs of disturbance for 6 months and occupational, social, academic, and personal functioning is markedly below the highest level of functioning before the onset of the illness.

During the second phase, psychotic symptoms of delusions, prominent hallucinations, thought disturbances, or inappropriate affect are usually exhibited in one of the following ways:

Delusions are false beliefs that are not subject to reason or contradictory evidence. These false beliefs commonly contain themes of persecution and

What Is Cognitive Behavior Therapy?

Behavior Therapy and Cognitive Behavior Therapy are types of treatment that are based firmly on research findings. These approaches aid people in achieving specific changes or goals.

Changes or goals might involve:

- **A way of acting:** like smoking less or being more outgoing;
- **A way of feeling:** like helping a person be less scared, less depressed, or less anxious;
- **A way of thinking:** like learning to problem-solve or get rid of self-defeating thoughts;
- **A way of dealing with physical or medical problems:** like lessening back pain or helping a person stick to a doctor's suggestions; or
- **A way of coping:** like training developmentally disabled people to care for themselves or hold a job.

Behavior Therapists and Cognitive Behavior Therapists usually focus more on the current situation and its solution, rather than the past. They concentrate on a person's views and beliefs about their life, not on personality traits. Behavior Therapists and Cognitive Behavior Therapists treat individuals, parents, children, couples, and families. Replacing ways of living that do not work well with ways of living that work, and giving people more control over their lives, are common goals of behavior and cognitive behavior therapy.

HOW TO GET HELP: If you are looking for help, either for yourself or someone else, you may be tempted to call someone who advertises in a local publication or on the Internet. You may, or may not, find a competent therapist in this manner. It is wise to check on the credentials of a psychotherapist. It is expected that competent therapists hold advanced academic degrees and are trained in techniques for treating depression. They should be listed as members of professional organizations, such as the Association for Behavioral and Cognitive Therapies or the American Psychological Association. Of course, they should be licensed to practice in your state. You can find competent specialists who are affiliated with local universities or mental health facilities or who are listed on the websites of professional organizations. You may, of course, visit our website (www.abct.org) and click on "Find a CBT Therapist."

The Association for Behavioral and Cognitive Therapies (ABCT) is an interdisciplinary organization committed to the advancement of a scientific approach to the understanding and amelioration of problems of the human condition. These aims are achieved through the investigation and application of behavioral, cognitive, and other evidence-based principles to assessment, prevention, and treatment.

grandeur. An example of a delusion is a belief that others are trying to harm or control the person.

Hallucinations are false perceptions not experienced by others. Smelling the odor of rotting flesh and hearing voices in an empty room when there are no voices or odors are examples of hallucinations.

Thought disturbances are incidences in which the person is unable to concentrate, to “think straight or coherently,” or to slow down racing thoughts. An example of a thought disturbance is when a person reports that thoughts not his or her own are being inserted into his or her head by someone else.

Inappropriate affect refers to the showing of an emotion that is inconsistent with the person’s speech or thoughts. For example, the person may say that he or she is being persecuted by the devil and then laugh. Sometimes a person with schizophrenia may exhibit a blunted or flat affect, which is a severe reduction in emotional expressiveness. Examples are the use of a monotonous tone of voice and lack of facial expression.

The third or residual phase follows the active phase and is indicated by a persistence of at least two of the symptoms experienced during the pre-illness phase. It is not uncommon for patients in the residual stage to experience periods when the prominent psychotic symptoms seen in the active phase reemerge for a brief period of time and then subside.

Myths About Schizophrenia

Despite common belief and usage of the term by the popular press, schizophrenia is not the same as the relatively rare disorder known as split personality (multiple personality: a Dr. Jekyll and Mr. Hyde switch in character). People also tend to equate schizophrenia with “insanity” or “madness.” These are not psychiatric terms but are popular descriptions for strange, irrational behavior. Most people suffering from schizophrenia are not violent, although an occasional individual will have violent outbursts. There is also concern among some families that they might be the cause of schizophrenia. No conclusive scientific evidence exists that families in any way cause schizophrenia. There is abundant evidence, however, that families may be able to help improve the outcome of the illness.

Diagnosis

No laboratory tests exist to determine a diagnosis of schizophrenia. Like other mental and emotional disorders, a diagnosis of schizophrenia is made solely on the basis of the person’s behavior, thoughts, and feelings. Through careful observation and interviewing, competently trained psychiatrists, psychologists, nurses, social workers, and therapists can detect major disturbances in a person’s functioning, including the presence of psychotic symptoms. However, before a diagnosis of schizophrenia is made, medical factors such as a brain tumor or the effects of substance abuse are ruled out.

Causes of Schizophrenia

Despite much scientific speculation and popular theorizing, there is no one cause of schizophrenia. Schizophrenia is considered to be a disorder caused by a combination of factor. Structural abnormalities of the brain, and biochemical deficiencies or an imbalance of special brain chemicals called neurotransmitters are two factors linked to the disorder.

Studies have also shown that if a close relative suffers from schizophrenia there is a 1 in 10 chance that another immediate family member may also experience the disorder. These structural, genetic, and biochemical factors are believed to combine to determine an individual's "vulnerability" to developing schizophrenia. This vulnerability may also play a role in determining the course of the illness in an individual.

Environmental stress also appears to be an important factor in the development of schizophrenia. Personal and family events such as an adolescent's leaving home, a young adult's entrance into a new career or peer group, a death in the family, or the breakup of a significant relationship are some of the stressors that may precede the onset of schizophrenia. These stressors demand adaptive changes from the individual and challenge the individual's current coping and competence. Growing evidence exists that the individual's inability to cope with and handle certain stressors combines with structural, genetic, and biochemical vulnerabilities to result in schizophrenia.

Treatment Modalities

Although some individuals will always be subject to varied degrees of recurring symptoms of schizophrenia, studies show encouraging evidence that most people suffering from schizophrenia can be trained and supported to live productive, noninstitutionalized lives. There is no one best treatment for schizophrenia; a combination of treatment and support programs seems to provide the best way to help a person with schizophrenia maintain the highest degree of health and independence.

Antipsychotic medications have greatly improved the outlook for the person with schizophrenia. These drugs do not "cure" schizophrenia but typically reduce the intensity and frequency of the psychotic symptoms and usually allow the person to function more effectively and appropriately. Another beneficial aspect of drug therapy is that it may help to reduce such negative symptoms as poor concentration and social isolation. Negative symptoms tend to linger on long after the psychotic symptoms have been controlled or have abated. However, medications are only a necessary first step.

Psychiatric rehabilitation is a second important step that is often provided by day treatment centers and community support programs. Psychiatric rehabilitation enables the individual to acquire personal and instrumental skills as well as environmental supports which will enable the person to fulfill the demands of various living, learning, and working environments.

Schizophrenia often occurs during the critical trade-learning or career-forming years of life (ages 18 to 35). Therefore, persons with schizophrenia not only suffer thinking and emotional difficulties, but often also lack social and work skills. Psychiatric rehabilitation programs that include social skills training and vocational rehabilitation seem to offer the best options for beneficial living.

Social skills training programs teach social and independent living skills that enable the person to manage the symptoms, to identify specific warning signals of relapse, to manage persisting symptoms, and to prevent stress so that these factors interfere less with daily living. Vocational training provides persons with schizophrenia the skills necessary to become involved in a skill or trade so that the person can achieve some occupational independence.

Family Support

Since many persons with schizophrenia live with their families, it is important for the family to have a clear understanding of the disorder and of the illness. Some psychiatric rehabilitation programs offer behavior family management programs, which are family-based efforts that not only teach skills to members, but also work to reduce stress and make the family a more supportive environment for the schizophrenic patient. These programs also help the families become aware of the different kinds of outpatient and family support services that are available in the community.

Self-help groups are another common resource. Although not led by professional therapists, the groups are helpful because members—usually ex-patients of family members of persons with schizophrenia—provide continuing support for each other. These groups have also become effective advocates for needed research and for hospital and community treatment programs.

Other Sources of Information

The National Alliance for the Mentally Ill

2101 Wilson Blvd., Suite 302
Arlington, VA 22201
703.524.7600

National Mental Health Association

1021 Prince St.
Alexandria, VA 22314-2971
703.684.7722

The National Mental Health Consumer's Association

311 S. Juniper St., Room 902
Philadelphia, PA 19107
215.735.2465

For more information or to find a therapist: **ASSOCIATION for BEHAVIORAL
and COGNITIVE THERAPIES**

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